

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jul 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26492 (9)
 1. Corporation Name
VASA NORTH ATLANTIC INSURANCE COMPANY



Principal Place of Business 525 S. MERIDIAN PO BOX 8056 INDIANAPOLIS IN 46206-8056	Mailing Address 525 S. MERIDIAN PO BOX 8056 INDIANAPOLIS IN 46206-8056
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/13/1989	3a. Date of Last Report 02/02/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 35-1452868	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, LANNY R	1.2 NAME	Robert T. Smith
STREET ADDRESS	525 S. MERIDIAN	1.3 STREET ADDRESS	2165 W. Broadway
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	Vancouver, B.C. V6B5H6
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P., C.F.O. & T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGE, JOHN B.	2.2 NAME	Michael L. Stickney
STREET ADDRESS	525 S. MERIDIAN	2.3 STREET ADDRESS	2165 W. Broadway
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	Vancouver, B.C. V6B5H6
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, ERIC	3.2 NAME	
STREET ADDRESS	525 S. MERIDIAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWELL, DON W	4.2 NAME	Jean L. Wojtowicz
STREET ADDRESS	525 S. MERIDIAN	4.3 STREET ADDRESS	8440 Woodfield Crossing
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOPER, DAVID C	5.2 NAME	Richards D. Barger
STREET ADDRESS	525 S. MERIDIAN	5.3 STREET ADDRESS	515 S. Flower Street
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	Los Angeles, CA 90071-2205
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP & General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Andrew M. Weissert
STREET ADDRESS		6.3 STREET ADDRESS	525 S. Meridian St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Indianapolis, IN 46225

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or not, in attachment with an address.

SIGNATURE: _____ 2-10-97 (317)238-5839

CR2E034 (9/96)